RICHARD L. ROUDEBUSH VA MEDICAL CENTER POST GRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY APPLICATION

NAM	IE:			
	Last	First	M	iddle
ASH	P Matching Number:			
- *	Permanent Address:	Street		
		City	State	Zip
		() Telephone Number		
- *	Present Address:	Street		
		City	State	Zip
*P	lease indicate your preferr	_	\mathbf{c}	nt process
_		cember 2009-March 2010	0)	
	nil address: Phone: ()		Number: ()	
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	Deann Res R.L. Ro	address correspondence a S. Kania, Pharm.D., Be sidency Program Directo oudebush VA Medical Co armacy Department (119	CPS r enter	
		1481 West 10 th Street		

NOTE: APPLICATION DEADLINE IS JANUARY 4, 2010

Indianapolis, IN 46202-2884

If you are submitting ELECTRONICALLY, keep the application to a MAXIMUM of FIVE PAGES in length

EXPERIENCE

EXI EXIENCE					
1.	Area(s) of Practice Interest:				
2.	If not listed on curriculum vitae, please list all completed rotations and/or those remaining to be completed. Include site location and preceptor name.				
3.	Give a brief description of your clinical pharmacy practice experience and list your specific responsibilities.				

4. List your previous work experience, including employer, dates of employment, job title, and experiences (ex. IV admixture preparation, unit dose, etc)
ACTIVITIES
1. List activities in professional, service, and social organizations. Include all recognitions and honors.
OTHER
1. Provide a detailed description of a significant clinical intervention that you have made within the past year.

2.	Describe a confrontational situation that you have had with a physician or another individual. How did you resolve the issue?
3.	Describe a project/activity other than a PharmD research project that you helped initiate. Describe your role in the process.
4.	Describe a time where you had multiple activities or assignments requiring completion all at the same time. How did you meet the demands of the situation?

5. How has your work and academic experience shaped your future of pharmacy?	areer in
RECOMMENDATION LETTERS	
Please list the names and addresses of those individuals who will be ser recommendation letters to us:	nding
1.	
2.	
3.	
Cionottura	Date
Signature	Date